

State of Indiana Assessment Tax Credit Form

Per Indiana Code 27-8-10-2.3 effective July 1, 2002, a member shall, not later than October 31 of each year, certify an independently audited report to the (a) Association (b) Legislative Council, and (c) Department of Insurance of the amount of tax credits taken against assessments by the member under section 2.1(n) (1) of this chapter during the previous calendar year. This information should be submitted to the Indiana Comprehensive Health Insurance Association (ICHIA) for compilation of the report to the Legislative Council and the Department of Insurance.

NAIC #: _____

Member Name: _____

Member Address: _____

Member Address: _____

Contact Name: _____ Contact Phone: _____

| Type(s) of Tax – Tax Year 2002: | ICHIA Assessment Credits applied to tax year 2002 filing(s) for Assessments paid during the following year(s): | | | | |
|--|---|------|------|------|-------|
| | 2002 | 2001 | 2000 | 1999 | Total |
| | | | | | |
| Premium | | | | | |
| Gross Income | | | | | |
| Adjusted Gross Income | | | | | |
| Supplemental Corporate Net Income | | | | | |
| Other (Specify) | | | | | |
| Total assessment credits used to reduce 2002 taxes (See Note) | | | | | |

Note: Pursuant to IC 27-8-10-2.1(n), members who after July 1, 1983, during any calendar year, have paid one (1) or more assessments levied under this chapter may either:

- (1) Take a credit against any tax or combination of taxes mentioned above, or similar taxes upon revenues or income of member insurers that may be imposed by the state, up to the amount of the taxes due each calendar year in which the assessments were paid and for succeeding years until the aggregate of those assessments have been offset by credits against those taxes or refunds from the association.
- (2) Any member insurer may include in the rates for premiums charged for insurance policies to which this chapter applies amounts sufficient to recoup a sum equal to the amounts paid to the association by the member less any amounts returned to the member insurer by the association, and the rates shall not be deemed excessive by virtue of including an amount reasonably calculated to recoup assessments paid by the member.

Signature of Officer: _____

I affirm, under the penalties of perjury, the above figures are true and correct according to the best of my information, knowledge, and belief. I understand that the above named member insurer will be held responsible for errors in the preceding figures.

Signature of Officer: _____

Printed Name of Officer: _____

Title of Officer: _____ Date: _____

Mailing Address: ICHIA
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Indianapolis, IN 46203
Phone (317) 614-2018